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Bib Data Sheet

CONFIRMATION NO. 9645

SERIAL NUMBER 09/371,776	FILING OR 371(c) DATE 08/10/1999 RULE	CLASS 280	GROUP ART UNIT 3616	ATTORNEY DOCKET NO. TRW(VSSIM)42
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** CONTINUING DATA ***** NONE D.D.				
** FOREIGN APPLICATIONS ***** NONE DD				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/26/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input checked="" type="checkbox"/> Allowance Examiner's Signature _____ Initials _____		STATE OR COUNTRY MI	SHEETS DRAWING 4	TOTAL CLAIMS 17
INDEPENDENT CLAIMS 2				
ADDRESS 26294				
TITLE INFLATOR FOR INFLATABLE VEHICLE OCCUPANT PROTECTION DEVICE				
FILING FEE RECEIVED 3126	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	